

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2282
Registrar's No. 2282

FILED JUN 7 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Lukes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether
In this community 45 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Anna Dora Kloeppel

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred F Kloeppel 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Dec 14 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 5 1 hr. min.

9. Birthplace Lee Summits Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Charles Ganzer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Augusta Paul
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Fred F Kloeppel

(b) Address 2426 Monroe

17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City Mo.

19. (a) May 16 1943 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2426 Monroe ✓
(If rural, give location)
(e) Citizen of foreign country? -Yes- (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 8 minute 25 A. M.

21. I hereby certify that I attended the deceased from May 12, 1943, to May 15, 1943
that I last saw her alive on May 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma

Due to Diabetes 61

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (a) Means of injury

23. Signature George C. Lee (M. D. or other)
Address 1630 Prof Bldg Date signed 5/15/43

1630
On the 6th

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed A. R. Hainschuld
Licensed Embalmer No. 4159
P. O. Address Kansas City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.